



# Delaware Economic Development Authority

## Delaware Strategic Fund

### Loan Application

**Instructions:** This application is designed to be completed electronically, then printed, signed and notarized. Please make all efforts to complete the application electronically, although it will be accepted if completed by hand. Return one original plus twelve (12) copies, including exhibits, to The Delaware Economic Development Authority, 99 Kings Highway, Dover, DE 19901, with a check in the amount of \$250.00 made payable to the "The Delaware Economic Development Authority" (non-refundable application fee). Contact your representative directly with questions. This application is not a commitment for funds, nor does it obligate the State of Delaware or any State agency to lend any form of financial assistance.

### General Information

Please provide a detailed description of the project to support the Authority to determine that the project maintain or provide gainful employment for the people of Delaware, maintain or increase the tax base of Delaware's economy and maintain, diversify, or expand business and industry in Delaware:

Legal Name of Applicant	Delaware Business License & Type	Tax I.D. or SS# for an Individual Request
D/B/A (if applicable)	Date Business Established (mm/yyyy) /	NAICS Code <sup>1</sup>
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> S-Corp	<input type="checkbox"/> C-Corp	<input type="checkbox"/> LLC
<input type="checkbox"/> Individual Business Request		
Applicant's Billing Address		Business Phone # ( ) -
Applicant's Street Address (if different)		Applicant's Fax # ( ) -
Business Description		State of Incorporation
Primary Project Contact & Phone Number	Title	Amount of Financing Requested \$
Number of Applicant's Permanent Delaware-Based Full-time Jobs (These numbers must coincide with the Employment Impact section on Page 3)		
Presently on Site	To Be Maintained	To Be Created
To Be Relocated to Delaware		TOTAL

<sup>1</sup> A North American Industry Classification System (NAICS) Code is a 6 digit number assigned to your business by the Delaware Department of Labor. NAICS Codes replaced SIC codes. A NAICS code is also referred to as the Principal Business Activity or Principal Product or Service code on your federal income tax return.

## Management & Ownership

(Show 100% ownership. If more space is necessary, ignore here and attach a complete list formatted like below as "Exhibit: Management & Ownership – 1")

Name	SS# or Tax ID#	% Ownership	Address (if different from applicants)	Guarantor?	Spouse Guarantor?
		%			
		%			
		%			
		%			
		%			
		%			
		%			

### Has the applicant or any person listed above:

- ☐ Yes   ☐ No   Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal statutes, regulations or rules governing collective bargaining, hours of labor, working conditions, industrial hygiene and safety, minimum wage standards, discrimination in wages, child labor, unemployment insurance, workers' compensation or other labor law matters?
- ☐ Yes   ☐ No   Been the subject of or a party to any formal or informal inspection, inquiry, investigation, administrative proceedings, criminal prosecution or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal environmental statutes or regulations?
- ☐ Yes   ☐ No   Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any state or federal law enforcement, regulatory or administrative agency for the criminal or civil violation of any federal or state statute, regulation, rule or the terms of any license or permit issued by a federal or state agency, including the failure to hold such a license or permit?
- ☐ Yes   ☐ No   Been the defendant in any civil litigation in which any type of fraud, misrepresentation, unfair or deceptive trade practices were alleged?
- ☐ Yes   ☐ No   Been debarred or suspended from contracting with any state or federal agency or from receiving financial assistance from any state or federal agency?
- ☐ Yes   ☐ No   Been denied any license or permit or had any license or permit revoked or suspended by any federal, state or local agency or governmental body?
- ☐ Yes   ☐ No   Been convicted of a crime?
- ☐ Yes   ☐ No   Filed a voluntary petition in bankruptcy or had an involuntary petition in bankruptcy filed against the Applicant, in any bankruptcy court, or been subject to any other state or federal insolvency or receivership proceedings?
- ☐ Yes   ☐ No   Been an owner or manager of a manufacturing facility that was designated as a chronic violator by the Delaware Department of Natural Resources & Environmental Control?

If the answer to any question above is "yes," furnish details on a separate page and attach as: "Exhibit: Management & Ownership – 2"

### Outsourced Management Information

Name of accountant	Name of accountants' firm	Address	Telephone (   )   -
Name of legal counsel	Name of legal counsel's firm	Address	Telephone (   )   -
Other applicable consultant	Name of firm	Address	Telephone (   )   -

## Project Information

If the project does **not** involve construction, acquisition, or security of a building or land, click "NA" here and ignore Section A - ☐ NA

If the project does **not** involve purchasing, reimbursement or securing of equipment click "NA" here and ignore Section B. - ☐ NA

### A. Location of Proposed Project

Street Address \_\_\_\_\_ Municipality \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

☐ Yes ☐ No If applicant is not the owner of the project site, does the applicant lease the project site or any buildings on the site?  
If "yes", when does the lease expire? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Yes ☐ No Is there a relationship legally or by virtue of common control between the applicant or proposed occupant of the project, and the present owner of the property? If "yes", describe briefly here: \_\_\_\_\_

### B. Equipment

List each item of **new** equipment to be acquired in the project.

If more space is necessary, ignore here and attach a list formatted like below as "Exhibit: Equipment - 1"

Description	On Order?	Date Ordered	Price	Date To Be Received
1.		/ /	\$	/ /
2.		/ /	\$	/ /
3.		/ /	\$	/ /
4.		/ /	\$	/ /
5.		/ /	\$	/ /

List each item of **used/existing** equipment to be acquired as part of the project.

If more space is necessary, ignore here and please attach a complete list formatted like below as "Exhibit: Equipment - 2"

Description	Date Purchased	Price	Location
1.	/ /	\$	
2.	/ /	\$	
3.	/ /	\$	
4.	/ /	\$	
5.	/ /	\$	

## Employment Impact

Indicate the number of Delaware-based full-time people that will be employed by the applicant or its related affiliate at the end of the first, second, and third year period after the project has been funded. All projections should be accurate, conservative, and achievable since employment projections may become a part of the financing agreements with the Authority. Include existing, new, and relocated jobs.

Type of Employment	Number of Full-Time Employees One Year After Funding	Number of Full-Time Employees Two Years After Funding	Number of Full-Time Employees Three+ Years After Funding
Professional or Managerial			
Engineering or Skilled Labor			
Unskilled & Semi-Skilled			
<b>TOTALS</b>			

Provide job titles that correspond to the newly created or relocated jobs as a result of the Authority financing, together with estimated annual wages for each title. If more space is necessary, ignore here and please attach a complete list as "Exhibit: Employment Impact"

Will you be attaching a separate list: ☐ Yes ☐ No

Job Titles	Job Type	# of Jobs	Estimated Minimum Wages	Benefits Included
			\$	
			\$	
			\$	
			\$	
			\$	

## Certifications and Notarization To Applicants

**CERTIFICATION** -- Eligibility for financial assistance from the Delaware Economic Development Authority is determined by the information presented in this application and in the required exhibits and attachments. Any change in the status of the proposed project from the facts presented herein could disqualify the project, including but not limited to, the commencement of construction or the acquisition of assets such as land or equipment. Please contact the staff of the Authority before taking any action which would change the status of the project as reported herein.

To the extent permitted by Delaware's Freedom of Information Act, all information contained in this application or obtained by the Authority in investigating or considering this application will be kept confidential, except for disclosure to the Council, to the staff and attorneys of the Authority and DEDO, and except for disclosures made at the public hearing of the Council and in any published notice of such hearing. If a loan is made for your project, confidentiality may also be affected by any information reporting and other requirements imposed on the Authority by the Internal Revenue Code.

*I, the undersigned, being duly sworn upon my oath say:*

1. The Applicant as listed in section 1-A is the recipient of the funds.
2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the grant to be issued and the operation of the proposed project. As part of this agreement, the Applicant agrees to use its best efforts in good faith to meet all employment projections set forth herein and to give the first opportunity of employment to qualified Delaware residents for all unskilled and semi-skilled workers employed by the applicant. The Applicant agrees to report to the Authority, no later than August 31 of the year following the start of its operation of the project, the total number of its unskilled and semi-skilled employees and the number of its unskilled and semi-skilled employees who were residents of Delaware at the time of their employment.
3. The Applicant hereby acknowledges and agrees that the Authority reserves the right to and may disclose any information contained in this application and its supporting documents to the Council on Development Finance (CDF), to the staff and attorneys of the Authority and the DEDO, at any public hearing held on this application by the CDF, in any published notice of such hearing, and that this application is subject to the Delaware Freedom of Information Act.
4. The Applicant hereby agrees that any officers, employees, agents or attorneys of the Authority or the Delaware Economic Development Office ("DEDO") may have access to and copy any and all information in any form pertaining to Applicant, including, but not limited to, tax returns and information from tax returns as used in 30 Del. C. §368, in the custody of any State of Delaware, or other State, department, agency, instrumentality, division, office, board, bureau, council, commission, committee, panel or "public body," as that term is defined in the Delaware Freedom of Information Act, 29 Del. C. § 10002(a), including, but not limited to, the Departments of Finance, State, Labor, and Natural Resources and Environmental Control of the State of Delaware, the United States Environmental Protection Agency, the United States Department of Labor, the National Labor Relations Board or any other agency of the federal government having custody of information deemed pertinent by DEDO or the Authority staff or attorneys in evaluating Applicant's application for assistance.
5. This application, with all attachments & exhibits, is the product of diligent and reasonable investigation that I have either overseen or been personally involved.
6. I have carefully read this application, including all attachments and exhibits, and the information contained in this application, including all attachments and exhibits, is true, accurate and complete to the best of my information and belief.
7. I am a "high managerial agent" of the Applicant, as defined in Del. C. §284(b), and I am acting within the scope of my employment and in behalf of the Applicant.
8. I understand that if I have intentionally made a false statement in this application, or someone else has made a false statement herein that I know or believe to be false, I am subject to criminal prosecution. Further, the Authority, at its option, may terminate its financial assistance.
9. I understand the Authority may also require the following:
  - A. Appraisals on real property and/or machinery and equipment.  
(Appraisers acceptable to the Authority).
  - B. An environmental analysis - Phase I.
  - C. Accounts receivable aging.
  - D. Accounts payable aging.
  - E. Bank loan exception letters.
  - F. Financial information to be prepared by a CPA acceptable to the Authority.
  - G. Additional information as determined by Authority staff.

Name of Applicant \_\_\_\_\_

Signature of Applicant _____	Title _____	Date Signed _____ /    /
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### Notary Information

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on:    /    / 20\_\_\_\_ by \_\_\_\_\_  
(Representative of Applicant)

[SEAL]

\_\_\_\_\_  
(Name of Notary Public)

My Commission Expires: \_\_\_\_\_

## EXHIBITS REQUIRED

This application will not be considered complete unless the following items are submitted with the application form.

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### A. "If yes" or "If Necessary" exhibits from application:

- |                                   |                             |                                     |
|-----------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Management & Ownership – 1 |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Management & Ownership – 2 |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Equipment – 1              |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Equipment – 2              |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Employment Impact          |

### B. Certificate of Good Standing\* and Business License:

- |                                   |                                     |   |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | An original Certificate of Good Standing issued by the Division of Corporations of the Delaware Secretary of State's office within the thirty-day period before the date of the application |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | A copy of the business license issued by the Division of Revenue of the Delaware Department of Finance.   |

\* Certificate of Good Standing is not available for sole proprietorships or some general partnerships, but is for all other entities.

### C. Financial information\*:

- |                                   |                             |   |
|-----------------------------------|-----------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Three most recent years of financial statements and as much of the current year as is available, (but not more than three months old). Include as "Exhibit: Financial Statements" |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Three most recent years of tax returns. Include as "Exhibit: Tax Returns"   |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Completed copy of "List of All Outstanding Obligations" form that follows   |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Completed copy of "Project Source & Use of Funds" form that follows   |

\* All requested exhibits are required unless specifically told otherwise by DEDO. If the applicant is a new entity with less than two years of financial statements, provide personal financial statements and tax returns of each principal (or the parent company) for the past three years.

### D. Personal Financial Statements

- |                                   |                             |   |
|-----------------------------------|-----------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Use the form that follows only if you have been asked to complete it in advance by a DEDO representative. Personal Financial Statements are usually only requested when a personal guarantee is involved. Save this document in case you will be asked to fill out this section in the future |
|-----------------------------------|-----------------------------|---|

### E. Non-refundable application fee of \$250.00

**LIST OF ALL OUTSTANDING OBLIGATIONS**  
(Notes, Mortgages, and Accounts Payable)

**Applicant:**

Description of Note with Collateral/Security	Original Date	Original Amount	Present Balance	Current or Delinquent	Monthly Payment	Maturity Date	Creditor Name, Contact Person & Phone
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -
	/ /	\$	\$		\$	/ /	, , ( ) -

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

## PROJECT SOURCE & USE OF FUNDS

USE OF FUNDS		SOURCE OF FUNDS					
USE	Amount	Lender	Term (Months)	Interest Rate	Collateral	Amount	Annual Debt Service
Land	\$			%		\$	\$
Acquisition of Existing Building	\$			%		\$	\$
Renovation of Existing Building	\$			%		\$	\$
Construction of New Building	\$			%		\$	\$
Purchase of New Equipment and Machinery	\$			%		\$	\$
Purchase of Used Equipment and Machinery	\$			%		\$	\$
Renovation of Existing (Used) Equip. & Mach.	\$			%		\$	\$
Construction of Roads, Utilities, Etc.	\$			%		\$	\$
Engineering and Architectural Fees	\$			%		\$	\$
Debt Service Reserve Fund	\$			%		\$	\$
Interest During Construction	\$	Equity				\$	\$
Closing Costs	\$			%		\$	\$
Inventory	\$			%		\$	\$
Furniture and Fixtures	\$			%		\$	\$
Other (Specify)	\$			%		\$	\$
	\$			%		\$	\$
	\$			%		\$	\$
	\$			%		\$	\$
<b>TOTAL COST</b>	<b>\$</b>	<b>TOTAL SOURCE</b>				<b>\$</b>	<b>\$</b>

# Personal Financial Statement

Only fill out this section if you have been asked to in advance or if you will be personally guaranteeing the loan

Guarantor

Date of Birth

Guarantor

Date of Birth

Address:

Address:

Home Telephone Number:

Home Telephone Number:

Business or Occupation:

Annual Income\*

Business or Occupation:

Annual Income\*

Monthly Rent Payment (if applicable) \$

Monthly Rent Payment (if applicable) \$

List Contingent Liabilities:

Type \_\_\_\_\_ Amount \$

Type \_\_\_\_\_ Amount \$

List Contingent Liabilities:

Type \_\_\_\_\_ Amount \$

Type \_\_\_\_\_ Amount \$

\*Notice: Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to rely on such income in applying for credit.

Have you ever filed bankruptcy? Yes ☐ No ☐

Have you ever filed bankruptcy? Yes ☐ No ☐

## Balance Sheet for Business (to be completed only if the applicant is a sole proprietor)

As of Date:

Business Assets	Balance	Business Liabilities	Balance
Cash in Banks		Accounts Payable	
Accounts Receivable		Short Term Notes	
Inventory		CMLTD	
Land and Building (Net)		Long Term Notes (Net of CMLTD)	
Machinery and Equipment			
Other		Other	
Total Assets (TA)		Total Liabilities (TL)	
		Net Worth (TA - TL)	

## Personal Assets (excluding your business)

## Personal Liabilities (excluding your business)

Payment(s):			Balance	Mo. Payment(s)
Cash on hand and in financial institutions		Real Estate Mortgages Payable (see Schedule B)		
U.S. Government Securities (see Schedule A)		Automobile Loans		
Listed Securities (see Schedule A)		Credit Cards		
Unlisted Securities (see Schedule A)		Personal Credit Lines		
Accounts, Notes and Mortgages Receivable		Notes Payable to Others		
Real Estate Owned (see Schedule B)		Unpaid Income Taxes		
Automobiles and Other Personal Property		Other Unpaid Taxes and Interest		
Cash Value of Life Insurance (see Schedule C)		Other Debts (please itemize):		
Retirement Accounts (IRA, 401-K, etc.)				
Other Assets (please itemize):				
		Total Liabilities		
		Net Worth		
Total Assets		Total Liabilities and Net Worth		

## Schedule of Securities Owned

## Schedule A

No. of Shares/Face Value (Bonds)	Description	In Name(s) of	Market Value	Pledged (Y/N)

## Schedule of Real Estate Owned

## Schedule B

Location	Date Acquired	Titled in Name(s) of	Cost	Market Value	Mortgage Lender	Balance	Mo. Payment(s)

## Life Insurance

## Schedule C

Face Amount	Issuing Company	Policy Owner	Cash Surrender Value	CSV Loans

## Authorization to Check Credit and Financial Status

The undersigned hereby authorizes DEDO and any bureau or agency employed by the DEDO to obtain credit reports and to make whatever credit inquiries it deems necessary, including but not limited to verifying and checking the undersigned's employment history and credit history, in connection with the undersigned's personal financial statement or in the course of review or collection of any credit extended or maintained in reliance of this personal financial statement. The undersigned authorizes and instructs any person or credit reporting agency to compile and furnish to DEDO any information it may have or obtain in response to the credit inquiries authorized herein. The undersigned certifies that this personal financial statement and all other information furnished now or in the future to DEDO is and shall be true and complete.

Guarantor

Date

Guarantor

Date

Social Security No.

Social Security No.